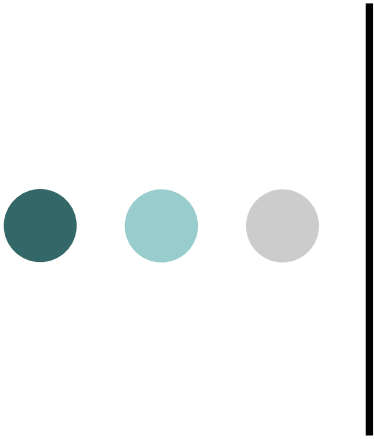


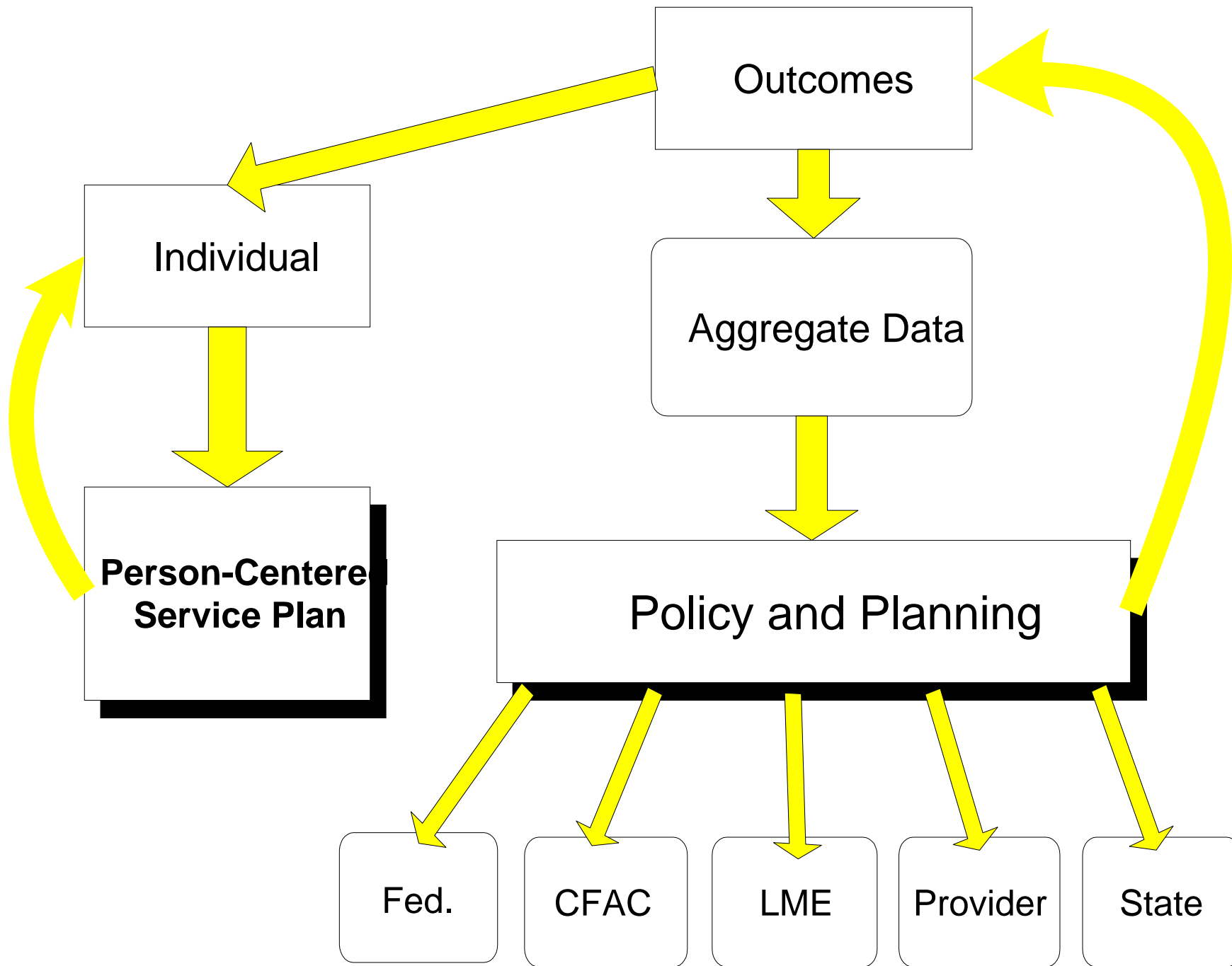


# **NC-TOPPS Implementation**

North Carolina - Treatment Outcomes and  
Program Performance System  
(NC-TOPPS)



# **NC-TOPPS and Quality Improvement**





# **NC-TOPPS and Quality**

## **Improvement: Policy and Planning**

### **Examples**

#### **Barriers to Treatment:**

Does your child and/or family ever have difficulty in participating in treatment because of problems with...?  
(mark all that apply)

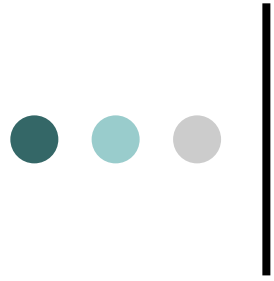
- **Child care**
- **Health problems**
- **Cost**
- **Scheduling**
- **Service location**
- **Transportation**
- **Waiting list**
- **No barriers**
- **Other**



# **NC-TOPPS and Quality Improvement: Policy and Planning Examples**

- **Tracking and Service Capacity**

Since the last assessment, has your child received any residential services outside of his/her home community?



# Using NC-TOPPS



# Web Submission Technical Requirements

- Secure web access at the desktop level for participating clinicians.
- Commitment by clinical and management staff to use the system
- Management information staff cooperation and leadership
- Minimum browser capability and encryption: Internet Explorer 5.1 or greater OR Netscape 4.7 or greater
- 128 Bit SSC (Encryption)
- Bandwidth should be a DSL or an ISDN Line (can work with dial up, but will be slower)
- Each browser must have Cookies and Java Script enabled.



## **COIs Still Required for DD Only**

- COIs will continue to be required for all DD consumers that fall into the 20% sample (that is those consumers whose LME consumer identification number ends in either a 3 or 6).
- MH/SA COI and EI-COI are no longer required for any consumer.





# **Implementation Requirements** **Consumers for Whom NC-TOPPS** **Interviews are Required**

- SA and MH consumers who are receiving services under current Service Definitions
- Requirements vary by funding source \*, age and disability category.

\*Medicaid, IPRS/Health Choice



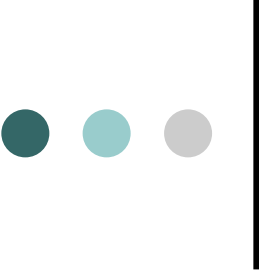
# **Required NC-TOPPS Interviews** **Adult Medicaid Recipients**

- All MH and SA consumers 18 years and older who are receiving benefit services under current service definitions. These includes services provided through a directly enrolled provider.
- Exclusions:
  - MH Outpatient ('basic benefits'-8 visits) This exclusion included Value Options extensions at this level of care only
  - MH Medication Management Only
  - MH Medication Management combined with MH Outpatient Only



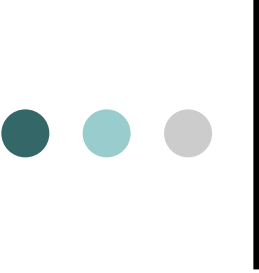
# Required NC-TOPPS Interviews Adult IPRS Recipients

- All MH and SA consumers 18 years and older who are formally admitted to the LME by having received an open record with a unique record number. These consumers must be enrolled in a MH and/or SA Target Population and receiving enhanced benefit services. These consumers must have a DSM diagnosis or a ICD 9 code.
- Exclusions:
  - Crisis Services Only
  - Detox Only
  - SA Prevention Only
  - Inpatient Psychiatric Hospital Services Only
  - IPRS Transitional Non-covered Only
  - AMSRE Only



# **Required NC-TOPPS Interviews** **Child and Adolescent Medicaid** **Recipients**

- All MH and SA consumers 6-17 years of age who are receiving enhanced benefit services under current service definitions.
- Exclusions:
  - Children and Adolescents receiving non-managed outpatient/or medication management under the 26 visits a calendar year rule are excluded from NC-TOPPS.



# **Required NC-TOPPS Interviews** **Children and Adolescents** **IPRS/Health Choice Recipients**

- All MH and SA consumers 6-17 years of age who are formally admitted to the LME by having received an open record with a unique consumer record number. These consumers must be enrolled in a MH and/or SA target population and receiving benefit services. These consumers must have a DSM-IV diagnosis or ICD 9 code.
- Exclusions:
  - Crisis Services Only
  - Inpatient Psychiatric Hospital Services Only
  - IPRS Transitional Non-covered Only



# Responsibility for NC-TOPPS Completion

- Responsibility lies with the provider agency that is considered the consumers “clinical home.”
  - The “clinical home” is the provider agency that is responsible for completing the Person Centered Plan. In most cases, this is one of the following: a Community Support provider, a Community Support Team, and ACT team.



# **Responsibility for NC-TOPPS Completion**

- The Qualified Professional completing the Person Centered Plan is responsible for ensuring that all NC-TOPPS Assessments are completed.
  - When a consumer is being treated by multiple providers, the QP from the “clinical home” is responsible for completion of NC-TOPPS Assessments.



## Episode of Treatment

NC-TOPPS gathers outcomes data for an episode of treatment. This is defined as that period that begins with the initiation of services and ends with the termination of services as defined by the PCP.





# Time Frames

- *At Intake:* Initial Assessment Interview
- *Updates:* 3-Month Update Interview  
6-Month Update Interview  
12-Month Update Interview  
6 month Update thereafter  
(18, 24, 30, etc.)
- *Transfer:* A Transfer Interview when the “clinical home” changes.
- *Discharge:* A Discharge Interview when the consumer is being discharged from treatment for any reason



# Transfers

- A Transfer must be completed when the “clinical home” (not the QP) changes
  - For example, when a consumer moves from an ACT team to a Community Support Team
- The new “clinical home” must then complete an Initial followed by the appropriate Update Assessments (3-Month, 6-Month, 12-Month, and 6 month Update thereafter)



# Episode Completions

- An Episode Completion must be completed when the consumer is being discharged from treatment for any reason
- Its very important to get full interview with consumer, especially for those completing treatment
- An Episode Completion is a Federal Requirement to get Outcomes data on all NC-TOPP consumers.



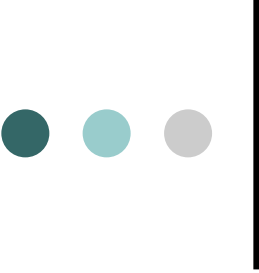
# **NC-TOPPS Requirements**

- A copy of all completed NC-TOPPS Assessments is required in the consumer's service record.
- NC-TOPPS Assessments should be completed by a substance abuse QP for a substance abuse consumer and by a mental health QP for a mental health consumer with the consumer present in an in-person interview.
- Completed by a QP who uses clinical judgment to gain more accurate responses



# **NC-TOPPS Requirements**

- The expectation is that if a consumer refuses to participate in the interview, the QP is responsible for submitting the assessments using clinical records/notes to complete the tool. Since outcomes are required at both the State and Federal level, NC-TOPPS is required for all eligible consumers.
- Consumer consent to submit information to the Division of DD/MH/SAS and its contractors (i.e. NCSU) is not necessary. The P & E exemption for both HIPAA and 42 CFR applies for NC-TOPPS.



# Clinician Enrollment for Password/Login

- LME Code (Facility Code)
- Reporting Unit Number
- Attending Provider Number
- Clinician ID



## Online System Provides

- Training Version Available
  - Under login page enter training for id and training for password
- Tracking report for Updates due
- Superuser capabilities  
(an overseer of LME or provider)



# Superuser Capabilities

## Current Abilities

- Tracking report for Updates due
- Track Initial Assessments received in the past 3 months
- Track Update Assessments received in the past 3 months
- Change a consumer from one clinician to another
- Print Assessment Report (use this to reprint an assessment that has already been completed and submitted)
- Queries
- LME Reports





# Help Desk Support

All NC-TOPPS users at the LME and Provider level will have access to assistance for technical issues using the website.



# Help Desk Support

- Kathryn Long, NCSU Center for Urban Affairs and Community Services

kathryn\_long@ncsu.edu  
919-515-1310

- Jaclyn Johnson, NCSU Center for Urban Affairs and Community Services

Jaclyn\_Johnson@ncsu.edu  
919-515-1310

- NC DMH/DD/SAS web site:  
<http://www.dhhs.state.nc.us/mhddsas/>
- NC-TOPPS web site: <http://nctopps.ncdmh.net/>